

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____



Family

Name age of family members:

Are there any allergies? YES OR NO

Type of outdoor pets (please specify):

Time of day and season family most active in landscape:

Is there a need for handicap access? YES OR NO

BUDGET

Will this be installed by homeowner or contractor?

Approximate budget allowed for the design and installation: \$

Or is it dependent upon consultation? YES OR NO

Would you consider implementing design over a few years to spread out cost? YES OR NO

SOIL/DRAINAGE

Are there problems with standing water in the landscape? YES OR NO

Is soil extremely heavy (clay) or sandy?

Are there steep slopes on the property? YES OR NO

VIEWS

Which rooms in the house offer the most common views to the outside?

Are there any views that need to be created, such as from an entertainment area? YES OR NO

Are there any unpleasant areas to be screened from view (utility box, traffic, A/C unit)?

Does there need to be more privacy in any areas?

MICROCLIMATES

Answer any below that are applicable.

Where are there areas of full shade or full sun:

Where is there need for more shade:

Where is there a need for noise reduction:

Where are there areas that need overhead protection:

Where are there areas too windy:

Where are there problems with snow or ice:

PLANT SELECTION

Answer any below that are applicable.

Name your favorite plants

Any plants or materials you dislike

Name your favorite colors

Would you like to include; FRAGRANCE OR ANNUAL FLOWERS?

CIRCULATION

Does the driveway need to be expanded? YES OR NO

Does the front walk need to be improved? YES OR NO

Is there circulation to other parts of the yard that needs to be accessible or improved? YES OR NO

ENTERTAINMENT

What is the average number of people you entertain:

Would you like to build or expand a deck or patio? YES OR NO

SERVICE

Is there a need for storage space (boat, trailer)? YES OR NO

Are garbage cans:

Accessible YES OR NO

Unsightly YES OR NO

Need to be relocated YES OR NO

Is there a need for: FIREWOOD STORAGE, COMPOSTING, VEGETABLE GARDEN, SHED

ACTIVITY

Please check any of the following to include in design:

- Kid's playground
- Cooking and eating
- Privacy area
- Firepit
- Recreation (horseshoes, volleyball, pool)

MISCELLANEOUS CONSIDERATIONS

Please check any of the following you would be interested in including in landscape design:

- Water feature
- Low-voltage lighting
- Sculpture
- Butterfly garden
- Fence
- Energy efficiency

Do you have an HOA or other organizational group that may restrict your landscaping or require review?

ADDITIONAL COMMENTS

Are there any other areas or problems you would like to address that are not mentioned on this questionnaire?